DAYTIME TELEPHONE NUMBER



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

(FIRST)

Please type or print in ink.

(LAST)

NAME

A Public Document

(MIDDLE)

murphy	Christopher	J.	(916) 262-0997
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
1. Office, Agency, or Court		4. Schedule Summary	
Name of Office, Agency, or Court: Office of Traffic Safety		→ Total number of pages including this cover page:	
Division, Board, District, if applicable:		Check applicable schedules or "No reportable interests."	
Your Position:		I have disclosed interests on one or more of the attached schedules: Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership) Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership) Schedule B Yes – schedule attached Real Property Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency:			
2. Jurisdiction of Office (Check at least one box)			
State			
County of		Income – Gifts	
City of		Schedule E Yes – schedule attached Income – Travel Payments	
Multi-County			
Other		-or-	
3. Type of Statement (Check at	least one box)	No reportable interests o	n any schedule
Assuming Office/Initial Date:	/ /		
	1 0007	5. Verification	
Annual: The period covered is Janua through December 31, 2007.	ry 1, 2007,	I have used all reasonable	- (2015) : (2015) -
-or-		statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed	
O The period covered is/, through December 31, 2007.			
Leaving Office Date Left:/(Check one)			
O The period covered is January 1, 2007, through the date of leaving office.			
-or-			
O The period covered is//. the date of leaving office.	, through	Signature(File the originally signed	d statement with your filling official.)
☐ Candidate			FPPC Form 700 (2007/2008)